

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, PACIFIC TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL.: 587-0460 FAX: 587-0470

(Signature of Authorizing Officer or Person Represented)

LREG 01/96

RECEIVED



LOBBYIST REGISTRATION FORM 30 P3:39

(See back of this form for instructions)

	(Type or Prir	nt Clearly)	COMMISSION	
PART I LOBBYIST				
NAME(Last)	(First)	(Middle)		TELEPHONE
Endo-Omoto	Darcy	L.		547-5600
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
P. O. Box 3196		onolulu	HI	96801
EMPLOYING ORGANIZATION (Fill Goodsill Anderson Quin		siness entity which has been r	etained to lobby)	TELEPHONE 547–5600
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
Same as above				
PART II ORGANIZATION				
NAME OF ORGANIZATION YOU LO				TEI EPHONE
				TELEPHONE 973/
Cendant Corporation		(A): N		496-5497
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
6 Sylvan Way		Parsippany	NJ	07054
NAME OF PERSON RESPONSIBLE John Bazin	FOR PREPARING ORGANIZATION	N'S EXPENDITURES STATEM	ENT	TELEPHONE 973/ 496–5497
MAILING ADDRESS (Street)	,	(City)	(State)	(Zip Code)
Same as above		(0.1)	(0)	(a.p. 5552)
PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY				
				T-:-I
Agriculture	Education	Human Services	Si	cience, Technology & conomic Development
Communications & Public Utilities	Government Operations & Finance	Intergovernmental Re International Affairs	elations, To	ourism & Recreation
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	Tı	ransportaion
Culture, Arts, Historic Preservation	Health	Planning, Land & Wat Use Management		ther: (indicate below)
Ecology, Energy, Environmental Protection	Housing	Public Safety & Corre		laxation
La 17 II of the rest of the second				
PART IV CERTIFICATIO	N OF LOBBYIST	:		
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.				
D VCD				
- Mary	Olemature of Labbulat		1/4/1/2 (Date	
(Signature of Lobbyist)		- τυαισ))
PART V AUTHORIZATIO	N TO LOBBY			
NAME		TITLE OF AUTHORIZING O	OFFICER OR PE	RSON REPRESENTED
John Bazin		Vice President, Stat	e & Governm	ent Relations
NAME OF ORGANIZATION (if appli		-	-	TELEPHONE 973/496-549
Cendant Corporation				973/496-549
MAILING ADDRESS (Street)		(City)	(State)	(Zip Code)
		Parsippany	NJ	07054
6 Sylvan Way				
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.				
1 XIII Da		1	12, 10	3
(Signature of Auth	nothing Officer or Person Represent	ted)	(Date	9)